#### Campaign Statement Cover Page **Recipient Committee**

Statement covers period Date of election if applicable: TY OF CONONE Date Stamp Page \_ CALIFORNIA 460 FORM **으.** l COVER PAGE 2

	from7-1-2017	(Month, Day, Year)			For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12-31-2017	11-8-2016			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Complete Parl 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	<ul> <li>□ Preelection Statement</li> <li>☑ Semi-annual Statement</li> <li>□ Termination Statement</li> <li>(Also file a Form 410 Termination)</li> </ul>	mination)	☐ Quarte ☐ Specia	Quarterly Statement Special Odd-Year Report
☐ General Purpose Committee ☐ Sponsored ☐ I	(Ass Complete Part 6)  Primarily Formed Candidate/	Amendment (Explain below)	low)		
ributor Committee rty/Central Committee	Officeholder Committee (Also Complete Part 7)				
3. Committee Information	1283522	Treasurer(s)	Į:		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Re-Elect Jason Scott Corona City Council 2016		Ann Hanks	i		
		MAILING ADDRESS			
STREET ADDRESS (NO DO BOX)		/ Is Kinglisher Court	STATE	S ZIP CODE	AREA CODE/PHONE
713 Kingfisher Court		Corona	Ca		9
STATE	m	NAME OF ASSISTANT TREASURER, IF ANY	; IF ANY		
Corona Ca 92879	79 951-736-1777				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE	E ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS  apoloko@pacbell.net		OPTIONAL: FAX/E-MAIL ADDRESS apoloko@pacbell.net	S		

#### Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. It certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed onDate	Executed on	Executed on	Executed on
By Signature of Comtrolling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Sighalurg of Treasurer of Assistant Treasurer

## Recipient Committee Campaign Statement Cover Page — Part 2

Page 2	CALIFORNI	COVER
of 18	<sup>^</sup> 460	COVER PAGE - PART 2

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OITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	СПУ	NAME OF TREASURER	COMMITTEE NAME	Related Committee: not included in this staten contributions or make exp		890 Aspen Street	RESIDENTIAL/BUSINESS A	Corona City Council	Jason B Scott	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Car
STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE?	I.D. NUMBER	STATE ZIP CODE AREA CODE/PHONE	CONTROLLED COMMITTEE?	I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		Corona, California 92879	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	Corona City Council		OR CANDIDATE	Officeholder or Candidate Controlled Committee
HONE		72		HONE	27		ittees :eive			ZIP			Į	
	<u> </u>	:  <u> </u>	:1 3	el a	.7 0* 0 15	1	OI	zł	· =	ı	œ	3	<b>z</b> !	6. F
Attaci	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	WAME OF OFFICEROLDER OR CANDIDATE	NAME OF OFFICEROLDER OR CANDIDALE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.		BALLOT NO. OR LETTER		NAME OF BALLOT MEASURE	Primarily Formed Ballot Measure Committee
n continuatio	NDIDATE	NDIDATE	NOIDATE	NDIDALE	date/Offic			IDATE, OR PR	holder, cand		JURISDICTION			t Measure
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	eholder Committee L		DISTRICT NO. IF ANY	OPONENT	idate, or state measure pro		ON			Committee			
:	SUPPORT OPPOSE	☐ SUPPORT	SUPPORT OPPOSE	SUPPORT OPPOSE	ist names of ed.		IF ANY		ponent, if any.	OPPOSE	SUPPORT			

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

ed Statement covers period

SUMMARY PAGE

FPPC Form 460 (Jan/2016)			\$ 13,013.00	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	·		\$	Cash Equivalents and Outstanding Debts  18. Cash Equivalents
		filed for this calendar year, only carry over the amounts	\$ 0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
				If this is a termination statement, Line 16 must be zero.
		amounts in Column A may be negative figures that	\$ 25,017.69	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15
*Amounts in this section may be different from amounts reported in Column B.	*Amounts in this secti reported in Column B.	A to the corresponding amounts from Column B	25 047 60	14. Miscellaneous Increases to Cash Schedule I, Line 4
		To calculate Column B, add amounts in Column		:
\$			\$ 25,017.69	Current Cash Statement  12. Beginning Cash Balance
\$		69	\$	11. TOTAL EXPENDITURES MADE
	(mm/dd/yy)			10. Nonmonetary AdjustmentSchedule C, Line 3
ubject to voluntary expenditure Limit)	Date of Election			Accrued Expenses (Unpaid Bills)s
Cumulative Expenditures Made*	22. Cum	\$ 59.949.20	0	SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	Expenditure Li Candidates	\$ 59,949.20	\$	CD
				Expenditures Made
₩	21. Expenditures Made	\$ 52,219.18	\$	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4
\$	20. Contributions Received	\$ 52,219.18	\$ 0	-
1/1 through 6/30 7/1 to Date		0	0	
ons	General Elections	£2,229.18	0	1. Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Running in Bo	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1283522				Re-Elect Jason Scott Corona City Council 2016
Page 3 of 18	12-31-2017	through		SEE INSTRUCTIONS ON REVERSE
FORM 460	7-1-2017	from		oummary Page

# Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIONS ON REVERSE	, ,		Statement covers period 7-1-2017 from 7-2-31-2017	7-1-2017 12-31-2017	CALIFORNIA 460 FORM 18
Re-Elect Ja	Re-Elect Jason Scott Corona City Council 2016					I.D. NUMBER 1283522
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION AR TO DATE (IF REQUIRED)
		□ IND □ COM □ PTY □ SCC		_		
		□ IND □ COM □ OTH □ PTY SCC				
		□ IND □ COM □ OTH □ SCC				
		□ com □ com □ pth □ scc				
		OPTY SCC				
Schodulo	Cimana		\$ \$ SUBTOTAL	0		
1. Amount received this per (Include all Schedule Asi	Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)		\$		*Contrib IND - In COM -	*Contributor Codes IND – Individual COM – Recipient Committee
<ol> <li>Amount rece</li> <li>Total monetal</li> <li>(Add Lines 1)</li> </ol>	Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	s of less than :	TOT		OTH - C PTY - P SCC - S	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
A rad Lines	and 2. Critel here and on the summary Page, Colur	mn A, Line 1.)	TOTAL \$			

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

#### Schedule A (Continuation Sheet) **Monetary Contributions Received**

NAME OF FILER

Re-Elect Jason Scott Corona City Council 2016

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A (CONT.)

from. through 7-1-2017 12-31-2017

1283522 Page \_ FORM 460 I.D. NUMBER 5 **º**,

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									DATE
									FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR
	OCC PTY	COM	□ PTY	MOD IND	□ SCC	OTH NO NO	SCC OM OTH	O C C PT	CONTRIBUTOR CODE *
\$UBTOTAL									IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
0									AMOUNT RECEIVED THIS PERIOD
									CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
									PER ELECTION TO DATE (IF REQUIRED)

\*Contributor Codes

IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other (e.g., business entity)
PTY -- Political Party

SCC - Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772)	PPC Advice: advi	7				ist be reported on Schedule A.	*Amounts forgiven or paid by another party also must be reported on Schedule A.  ** If required.
	1	(May be a negative number)	(May b			/ Fage, Column A, Line 2.	Envelope and on the Summary Fage, Column A, Line
4 1	SCC-	0	NET \$				3. Net change this period. (Subtract Line 2 from Line 1.)
COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)	OTH-	,			dule A.)	0 paid or forgiven.) are also itemized on Sche	(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
fContributor Codes IND – Individual	IND FC		 ←				2. Loans paid or forgiven this period
	)	P	\$			s of less than \$100.)	(Total Column (b) plus unitemized loans of less than \$100.)
T TOTAL	(Enter (e) on Schedule E, Line 3)						Schedule B Summary
	\$		\$		SUBTOTALS \$		
12-29-07 DATE INCURRED	\$ 0	N/A DATE DUE	0	0	\$ 3,000		TO IND COM OTH PTY SCC
\$ 3000.00 \$ PER ELECTION**	O%	<u>3.000.00</u>	PAID 0	<u> </u>		Principal CNUSD	Jason B Scott 890 Aspen Street Corona, California 92879
11-8-07 DATE INCURRED	0	N/A DATE DUE	0	0	\$ 5,000		TIZI IND □ COM □ OTH □ PTY □ SCC
\$ 5000.00 \$ PER ELECTION**	O%	\$ 5,000.00	PAID  S O  FORGIVEN		)	Principal CNUSD	Jason B Scott 890 Aspen Street Corona, California 92879
11/21/11 s	°	N/A DATE DUE	0	0	\$ 2,016		<sup>†</sup> ☑ ND □ COM □ OTH □ PTY □ SCC
\$ 2016,00 \$ PER ELECTION**	O%	\$ 3,000.00	PAID  FORGIVEN			Principal	Jason B Scott 890 Aspen Street Corona, California 92879
ORIGINAL COMPLETIVE AMOUNT OF CONTRIBUTIONS LOAN TO DATE	(e) INTEREST PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	AMOUNT RECEIVED THIS PERIOD	OUTSTANDING BALANCE BEGINNING THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
1283522				i		12016	Re-Elect Jason Scott Corona City Council 2016
R						7.47.58.1	NAME OF FILER
တ	2-31-2017	through 12-	——				SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	7-1-2017	Statement covers period 7-1-2017		; inded	to whole dollars.	2	Loans Received

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Amounts may be rounded

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SEE INSTRUCTIONS ON REVERSE					through 12-3	12-31-2017	Page 7	of 18
NAME OF FILER							I.D. NUMBER	
Re-Elect Jason Scott Corona City Council 2016	12016						1283522	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
Jason B Scott 890 Aspen Street	Principal CNUSD			PAID 0	<u>\$ 3,000.00</u>	0 %	\$ 3000.00	CALENDAR YEAR
Corona, California 92879				FORGIVEN		RATE		PER ELECTION*
TIND □ COM □ OTH □ PTY □ SCC		\$ 3,000.00	\$ 0	0	N/A DATE DUE	0	3-13-06 DATE INCURRED	<i>S</i> ,
			-	PAID				CALENDAR YEAR
				FORGIVEN	9	RATE	\$	PER ELECTION*
†□ IND □ COM □ OTH □ PTY □ SCC		\$		9	DATE DUE		DATE INCURRED	<b>ся</b>
				☐ PAID				CALENDAR YEAR
				S	60	RATE	<i>(</i> 9	PER ELECTION*
T IND COM OTH PTY SCC		6		<b>\$</b>	DATE DUE	\$	DATE INCURRED	
TARRAMAN TO THE TARRAMAN TO TH	8	SUBTOTALS \$	€A	tn	13,016.00 \$			
ဂ					8	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus uniternized loans of less than \$100.)	s of less than \$100.)			\$		3		
2. Loans paid or forgiven this period				<b>s</b>			IND – Individual	mmittee
(Include loans paid by a third party that are also itemized on Schedule A.)	are also itemized on Scheo	dule A.)				OTH-	(other than PTY or SCC) H – Other (e.g., business enti	(other than PTY or SCC) Other (e.g., business entity)
<ol><li>Net change this period. (Subtract Line 2 from Line 1.)</li><li>Enter the net here and on the Summary Page, Column</li></ol>	2 from Line 1.)y Page, Column A, Line 2.			NET \$	(May be a negative number)	SCC -	SCC - Small Contrib	Small Contributor Committee
	() () () () () () () () () () () () () (			( tenn)	oe a hegadye number,			

#### Schedule B Loan Gu ロコチン

	SEE INSTRUCTIONS ON REVERSE	Schedule B – Part 2 Loan Guarantors
		Amounts may be rounded to whole dollars.
	through 12-31-2017	Statement covers period from 7-1-2017
I.D. NUMBER	Page 8 of 18	CALIFORNIA 460

	Enter on Summary Page, Line 17 only.	\$	SUBTOTAL			
	65				□ acc	
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	(IF REQUIRED)		DATE		Потн	
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	CALENDAR YEAR		LENDER		□IND	
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					□ PTY	
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	CALENDAR YEAR		LENDER		□ND	
					□scc	
					□PTY	
	PER ELECTION (IF REQUIRED)		DATE		Подн	
	50				СОМ	
	CALENDAR YEAR		LENDER		□ IND	NONE
BALANCE OUTSTANDING TO DATE	CUMULATIVE TO DATE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1283522				16	Re-Elect Jason Scott Corona City Council 2016
	I.D. NUMBER		-		,	J. 75-24 J. 25-24 D. 25-25 D.

### Nonmonetary C Schedule C

Schedule C	Amounts may be rounded		SCHEDILEO
Nonmonetary Contributions Received	to wildle dollars.	Statement covers period	CALIFORNIA A CO
		from 7-1-2017	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 12-31-2017	Page 9 of 18
NAME OF FILER			I.D. NUMBER
Re-Elect Jason Scott Corona City Council 2016			1283522

Attach add																			DATE RECEIVED
Attach additional information on appropriately labeled continuation sheets																		NONE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
continuation :	□scc	☐ PTY	HTO	COM	□scc	□PTY	ПОТН	СОМ	IND	□scc	□PTY	HTO	СОМ	IND	□scc	□PTY	□ OTH	COM	CONTRIBUTOR CODE *
sheets.																			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$																			DESCRIPTION OF GOODS OR SERVICES
																		,	AMOUNT/ FAIR MARKET VALUE
-																			CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
		-																	PER ELECTION TO DATE (IF REQUIRED)

### Schedule C Summary

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee \*Contributor Codes

Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

### Summary of Expenditures Supporting/Opposing Other Candidates, Measures and C Schedule D

Amounts may be rounded to whole dollars.

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Statement covers period

		₩	SUBTOTAL \$			
				Expenditure	☐ Support ☐ Oppose	
				Independent		
				Nonmonetary Contribution		
				Monetary Contribution		
				Expenditure	☐ Support ☐ Oppose	
				☐ Independent		
				Nonmonetary Contribution		
				☐ Monetary Contribution		
				Expenditure	☐ Support ☐ Oppose	
				Contribution		
				Monetary Contribution		NONE
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT THIS CAN PERIOD (J.)	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DATE NAI
22	1283522				Re-Elect Jason Scott Corona City Council 2016	Re-Elect Jason Sco
3ER	I.D. NUMBER					NAME OF FICER
10 of 18	Page	through 12-31-2017			ERSE	SEE INSTRUCTIONS ON REVERSE
RM TOO	FORM	from 7-1-2017			Candidates, Measures and Committees	Candidates, Measures and (
		_				

### Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$
- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule D (Continuatio Summary of Supporting/Candidates, MAN Ŋ DATE NONE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE ☐ Support Support Support Support ☐ Oppose Oppose Oppose Oppose Monetary
Contribution TYPE OF PAYMENT Nonmonetary Contribution Monetary Contribution Independent Expenditure | Monetary | Contribution Nonmonetary Contribution Monetary Contribution Independent Expenditure Independent Expenditure Nonmonetary Expenditure Independent Contribution Nonmonetary Contribution DESCRIPTION (IF REQUIRED)

ontinuation Sneet)	Amounts may be rounded		SCHEDULE D (CONT.)
mmary of Expenditures	to whole dollars.	Statement covers period	CALIFORNIA ACO
pporting/Opposing Other		from 7-1-2017	FORM 400
iluluates, measures alla committees		through 12-31-2017	Page 11 of 18
E OF FILER			I.D. NUMBER
e-Elect Jason Scott Corona City Council 2016			1283522

AMOUNT THIS
PERIOD

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

PER ELECTION
TO DATE
(IFREQUIRED)

SUBTOTAL

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### Schedule F

Amounts may be rounded

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Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period C/ from 7-1-2017 through 12-31-2017 Pa	CALIFORNIA 460 FORM Page 12 of 18
NAME OF FILER		1.D	I.D. NUMBER
Re-Elect Jason Scott Corona City Council 2016		12	1283522
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	the payment, you may enter the code.  MBR member communications  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  PRT print ads	Otherwise, describe the payment.  RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	costs Is eals same candidate/sponsor net, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NONE			
* Payments that are contributions or independent expenditures must also be summarized on Schedule	be summarized on Schedule D.	SUBTOTAL	TAL \$ 0
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)	le E subtotals.)		0 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page,	- :	\$	<b>9 9</b>

#### SCHEDULE E (CONT.)

#### Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Jason Scott Corona City Council 2016

Amounts may be rounded to whole dollars.

from Statement covers period 7-1-2017 12-31-2017

CALIFORNIA FORM

Page \_ 3

8

through

1283522 I.D. NUMBER 잌

LEG END CYC **CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. NONE \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. campaign paraphernalia/misc. contribution (explain nonmonetary)\* civic donations campaign literature and mailings independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees legal defense NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PHO PHO PHO POC POS MBR member communications meetings and appearances office expenses polling and survey research petition circulating professional services (legal, accounting) postage, delivery and messenger services phone banks CODE 9 R DESCRIPTION OF PAYMENT VOT TRS SAL RFD 돐 returned contributions radio airtime and production costs information technology costs (internet, e-mail) t.v. or cable airtime and production costs voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries SUBTOTAL \$ AMOUNT PAID

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#### Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

through from\_ Statement covers period 12-31-2017 7-1-2017 CALIFORNIA Page \_\_\_ FORM 14

I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Re-Elect Jason Scott Corona City Council 2016				1283522	522
9	s the payment, you may e	nter the code. Othe	rwise, describe the	payment.	
	MBR member communications MTG meetings and appearances OFC office expenses	Ses S		returned contributions campaign workers' salaries	
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks		.,	t.v. or cable airlime and production costs candidate travel, lodging, and meals	<b>t</b> ri
٠, ٥	_	rch essenger services gal, accounting)	-	staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	ne candidate/sponsor ∍-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PÉRIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NONE					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	*		4
Schedule F Summary	Schodida E Column (b) sub	intale for			
Total accrited expenses inclining all period (Incline all S	Chedule T. Column 101 Suc		-		

\$100.)PAID TOTALS \$	<ol> <li>Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)</li> </ol>
INCURRED TOTALS \$	accrued expenses incurred this period. (include all Scriedule F, Countil (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

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#### Accrued Expenses (Unpaid Bills) Schedule F (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

from through Statement covers period 7-1-2017 12-31-2017

CALIFORNIA FORM 15 18

1283522 I.D. NUMBER Page \_

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E E E E E CVC CVS NONE CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Re-Elect Jason Scott Corona City Council 2016 campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)\* campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PET 유 MTG 뫔 POS POL CODE OR DESCRIPTION OF PAYMENT member communications office expenses polling and survey research phone banks petition circulating meetings and appearances print ads professional services (legal, accounting) postage, delivery and messenger services SUBTOTALS (a)
OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD 60 (b)
AMOUNT INCURRED
THIS PERIOD RFD TRC TRS information technology costs (internet, e-mail) campaign workers' salaries radio airtime and production costs transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions voter registration staff/spouse travel, lodging, and meals 40 (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) BALANCE AT CLOSE OF THIS PERIOD OUTSTANDING 3

#### Schedule G

## Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent

Amounts may be rounded to whole dollars.

from\_

7-1-2017

Statement covers period CALIFORNIA FORM SCHEDULE G

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-Elect Jason Scott Corona City Council 2016		through 12-31-2017 Page 16  I.D. NUMBER 1283522	16 of 18 BER 22
ı ă			
ving codes accurately describes the p	code.	-	
	ations arances	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs	
FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LEG legal defense  PRT print ads  FHO phone banks  POL polling and survey research  POS postage, delivery and mess  PRO professional services (legal	phone banks  phone banks  polling and survey research  postage, delivery and messenger services  professional services (legal, accounting)  print ads	TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS stransfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	candidate/sponsor
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NONE			
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	49

independent contractor as reported on Schedule E. \* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

NONE NAME OF FILER SEE INSTRUCTIONS ON REVERSE Schedule H Loans Made to Others\* also be summarized on Schedule D. Loans forgiven must also be \*Loans that are contributions to another candidate or committee must reported on Schedule E. Re-Elect Jason Scott Corona City Council 2016 FULL NAME, STREET ADDRESS AND ZIP CODE
OF RECIPIENT
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) (a)
OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD SUBTOTALS Amounts may be rounded to whole dollars. 60 (b)
AMOUNT
LOANED THIS
PERIOD REPAYMENT OR FORGIVENESS
THIS PERIOD\* 40 ☐ PAID ☐ PAID FORGIVEN ☐ FORGIVEN <u>0</u> from OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD through 40 Statement covers period DATE DUE DATE DUE 7-1-2017 12-31-2017 INTEREST RECEIVED RATE RATE % ē DATE INCURRED DATE INCURRED (f) ORIGINAL AMOUNT OF LOAN 1283522 Page \_ CALIFORNIA I.D. NUMBER FORM 17 (g) CUMULATIVE LOANS 잌 CALENDAR YEAR CALENDAR YEAR PER ELECTION\*\* SCHEDULEH PER ELECTION\*\* 460 TO DATE ॐ

### Schedule H Summary

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

(Enter (e) on Schedule I, Line 3)

\*\*If Required

#### 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ......\$ 2. Unitermized increases to cash of under \$100 this period...... 1. Itemized increases to cash this period. ..... Schedule I Summary Miscellaneous Increases to Cash Schedule I SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-Elect Jason Scott Corona City Council 2016 DÁTE RECÉIVED Attach additional information on appropriately labeled continuation sheets. FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Amounts may be rounded to whole dollars. **DESCRIPTION OF RECEIPT** .... from. through. Statement covers period <del>()</del> 7-1-2017 12-31-2017 SUBTOTAL \$ FORM 460 1283522 I.D. NUMBER Page \_ AMOUNT OF INCREASE TO CASH

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SCHEDULE